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To: All Providers

RE: Preferred Drug List Update

Effective August 1, 2006, the Alabama Medicaid Agency will update our Preferred Drug List (PDL) to reflect recent Pharmacy and Therapeutics (P&T) recommendations as well as quarterly updates:

August 1, 2006 PDL Additions	August 1, 2006 PDL Deletions*
Altace-ACE Inhibitors	Cardene-Calcium Channel Blockers
Asmanex- Inhaled Corticosteroids	Calan SR-Calcium Channel Blockers
Benicar HCT-Angiotensin II Receptor Antagonists	Isoptin SR-Calcium Channel Blockers
Lipitor-HMG CoA Reductase Inhibitors	Zocor- HMG CoA Reductase Inhibitors
Lotensin HCT-ACE Inhibitors	
Univasc-ACE Inhibitors	

**denotes that these products will no longer be preferred but are still covered by Alabama Medicaid and will need Prior Authorization (PA).*

In addition to drug changes, the Agency will be updating its criteria for the following classes: Antihypertensives and Antidiabetic.

- Prior therapies must include prescribed and PDL preferred agents.

For any drug classes where **stable therapy** applies, supporting documentation is required of the source of the medication meeting stable therapy requirements. Examples of acceptable documentation include pharmacy profile printouts, prescription copies, copies of the medical record medication list or progress notes documenting strength and quantity consistent with consecutive therapy timeframes. Stable therapy does not include medication samples or manufacturer vouchers.

The PA request form and criteria booklet, as well as a link for a new PA request form that can be completed and submitted electronically online, can be found on the Agency website at www.medicaid.alabama.gov and should be utilized by the prescribing physician or the dispensing pharmacy when requesting a PA. Hard copy PA requests may be faxed or mailed to:

**Health Information Designs (HID)
Medicaid Pharmacy Administrative Services
P. O. Box 3210
Auburn, AL 36832-3210
Fax: 1-800-748-0116
Phone: 1-800-748-0130**

Incomplete PA requests or those failing to meet Medicaid criteria will be denied. If the prescribing physician believes medical justification should be considered, the physician must document this on the form or submit a written letter of medical justification along with the prior authorization form. Additional information may be requested. Staff physicians will review this information.

Policy questions concerning this provider notice should be directed to the Pharmacy Program at (334) 242-5050. Questions regarding prior authorization procedures should be directed to the HID help desk at 1-800-748-0130.

Please note the Agency's new web address: www.medicaid.alabama.gov

July 12, 2006